

MARYLAND STATE BOARD OF DIETETIC PRACTICE
4201 Patterson Avenue, Room 312
Baltimore, MD 21215-2299
(410) 764-4733

Application For Licensure As A Dietitian-Nutritionist

1. **Name** _____
(Last) (First) (Middle) (Maiden)
2. **Permanent Address** _____
(Street) (City) (State) (Zip)
3. **Business Address** _____
(Street) (City) (State) (Zip)
4. **Home Phone No.** _____ 5. **Business Phone No.** _____
6. **Mobile No.** _____ 7. **Email Address** _____
8. **Date of Birth** _____ 9. **Soc. Sec. No.** _____

10. TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY THE BOARD OF DIETETIC PRACTICE REQUESTS APPLICANTS TO PROVIDE VOLUNTARILY, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

Male _____ Female _____

Race/ Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? Yes _____ No _____
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

Select one or more of the following racial categories:

_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

_____ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ Black or African American (A person having origins in any of the black racial groups of Africa.)

_____ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

_____ Other; or

11. University or College	Major	Degree Obtained	Date

Address _____			

Address _____			

Address _____			

12. Are you a Registered Dietitian? Yes _____ No _____
Are you a Certified Nutrition Specialist? Yes _____ No _____

13. If yes, give registration number and submit a copy of current CDR or CNS Card.
R _____
CNS _____

14. SUPERVISED CLINICAL OR RESEARCH EXPERIENCE

Institution _____
Address _____
(Street) (City) (State) (Zip)

Inclusive Dates of Experience _____

Names and Title of Supervisor _____

15. WORK EXPERIENCE

How many years have you professionally practiced within the scope of dietetic practice? _____

Give dates: _____

16. Give addresses of all locations where you have practiced, showing length of time in each location.

<u>Job Title</u>	<u>Address</u>	<u>Name of Supervisor</u>	<u>Dates From - To</u>

17. List three (3) professional references:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS:

18. (a) Are you currently licensed to practice dietetics in any State?

Yes _____ No _____

State: _____ License No. _____

Date Issued: _____ Exp. Date _____

State: _____ License No. _____

Date Issued: _____ Exp. Date _____

(b) Have you ever been denied a license in any State?

Yes _____ No _____

If yes, give details on separate sheet.

(c) Have you ever had any license revoked, cancelled, suspended or been investigated by any regulatory body?

Yes _____ No _____

If yes, state reasons on separate sheet.

(d) Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)?

Yes _____ No _____

If yes, attach a detailed explanation.

APPLICANT'S AFFIDAVIT:

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge.

Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date: _____ Signature: _____

**THE STATE OF
COUNTY OF**

BEFORE ME the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purpose and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this ____ day of _____, 20_____, Notary Public in and for _____ County, Maryland or _____.

(Signature of Notary)

(Printed Name of Notary)

My Commission Expires: _____

FOR BOARD USE ONLY

Date Application Received	
Application Fee Received	
CDR Card Received	
CNS Documentation Received	
Transcript Received	
Recency of Education	
Experience Form Received	
Date of Examination	
Date Reviewed	
Reviewing	
Wall Certificate Typed	